

## SUPPLEMENTAL APPLICATION DATA SHEET

### Application Information

Application Number:: 10/530,052

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: SPHEROIDS, PREPARATION METHOD  
THEREOF AND PHARMACEUTICAL  
COMPOSITIONS

Attorney Docket Number:: 017753-205

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Philippe

Middle Name::

Family Name:: CHENEVIER

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 5656 rue Woudbury

City of Mailing Address:: Montreal

|   |  |
|---|--|
| State or Province of Mailing Address::  | Quebec   |
| Country of Mailing Address::            | Canada   |
| Postal or Zip Code of Mailing Address:: | H3T 1F7  |
| Applicant Authority Type::              | Inventor   |
| Primary Citizenship Country::           | France   |
| Status::                                | Full Capacity  |
| Given Name::                            | Dominique  |
| Middle Name::                           |  |
| Family Name::                           | MARECHAL   |
| Name Suffix::                           |  |
| City of Residence::                     | <del>Dreux</del> <u>Laval</u>                                    |
| State or Province of Residence::        | <u>Quebec</u>  |
| Country of Residence::                  | <del>France</del> <u>Canada</u>                                  |
| Street of Mailing Address::             | <del>26A12, boulevard de l'Europe</del><br><u>5970 Rue Parny</u> |
| City of Mailing Address::               | <del>Dreux</del> <u>Laval</u>                                    |
| State or Province of Mailing Address::  | <u>Quebec</u>  |
| Country of Mailing Address::            | <del>France</del> Canada   |
| Postal or Zip Code of Mailing Address:: | <del>F-28100</del> <u>H7H2W8</u>                                 |

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application:: Parent Filing Date::</b> |
|----------------------|--------------------------|--|
| This Application     | National Stage of        | PCT/FR2003/002909 10/03/03                       |

## **Foreign Priority Information**

| <b>Country::</b> | <b>Application Number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|
| France           | 02/12333                    | 10/04/02             | Yes                       |

## **Assignee Information**

|   |                       |
|---|-----------------------|
| Assignee Name::                         | ETHYPHARM             |
| Street of Mailing Address::             | 21, rue Saint-Mathieu |
| City of Mailing Address::               | Houdan                |
| State or Province of Mailing Address::  |                       |
| Country of Mailing Address::            | France                |
| Postal or Zip Code of Mailing Address:: | F-78550               |